

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

<b>1 Date of Request:</b> _____		<b>2 Serial/Patent #</b> <b>19/521297</b>		
<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<b>5 DATE FILED</b>	<b>6 AMOUNT</b>
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		<b>7 TOTAL AMOUNT OF REFUND</b>		\$
		<b>8 TO BE REFUNDED BY:</b>		
		Treasury Check		
<b>10 REASON:</b>		Credit Deposit A/C #:		
	Overpayment	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>9</b>    <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;">--</span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> </div>		
	Duplicate Payment			
	No Fee Due (Explanation):			
<b>11 REFUND REQUESTED BY:</b>				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		<div style="font-size: small;"> <b>PHONE:</b> 86/17/2885 PKIOWELL  01724/2885 GFREY1 00000000 190134 10521297  92 FC:1632 580.00 CR </div>		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*